

fat Bookers

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)

SERIAL NO.

APPLICANT(S)

FILING DATE

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2						52	
3						53	
4						54	
5						55	
6						56	
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41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
51						TOTAL IND.	
52						TOTAL DEP.	
53						TOTAL CLAIMS	

BEST AVAILABLE COPY